L01000000742

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	l
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Mack Bayou Execu	tive Park, L.L.C. Name of Limited Liability Company)	
DOCUMENT NUMBER: L0100	0000762	·
	ered Agent for a Limited Liability Co	ompany and fee are submitted
Please return all correspondence co	ncerning this matter to the following	;
John W. Hawkins (Name of Pers	son)	
Matthews & Hawkins, P.A.		DALL SECOND
(Name of Firm/Co	ompany)	
4475 Legendary Drive		AHASSE
(Address)		
Destin, Florida 32541		FEB 16 AM 9: 27
(City/State and Zi	p Code)	
For further information concerning	this matter, please call:	,
John W. Hawkins	at (<u>850</u> 837-366 (Area Code & Daytime	52
(Name of Person)	(Area Code & Daytine	retephone (vainoer)
Enclosed is a check made payable the liability company or \$25.00 for an a liability company.	to the Florida Department of State for administratively dissolved, voluntarily	r \$85.00 for an active limited ly dissolved or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

rursuant to the provis	ions of section 608.416(2) or 608.509, Florida Stat	utes, the undersi	gnea,		
John W. Hawkins		, hereby resigns	ラ <u>()</u>	£	
	(Name of Registered Agent)	_, 1101007 10015110	A	FEB	TE I
Registered Agent for	Mack Bayou Executive Park, L.L.C.		3		
			SEE	→	:
	(Name of Limited Liability Company)			က်	
L01000000762			้อกไป	:27	- 🕶
(Document Nu	umber, if known)		سيقد		
	tion was mailed to the above listed limited liability				
The agency is termina	ted and the office discontinued on the 31st day after	er the date on wh	ich this	staten	nent is filed.
	(Signature of Resigning Agent)				
If signing on behalf of	f an entity:				
	(Typed or Printed Name)	<u> </u>			
	(Capacity)				

FILING FEES: \$85.00 Active \$25.00 Admin Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314